DEPARTMEN' BUREAU OF L  SUNDRY NOTICES A  SUNDRY NOTICES A  SUNDRY NOTICES A  SUBMIT  1. Type of Well  SUBMIT  1. Type of Well  Well  Well  Other INJECTOR  3. Address and Telephone No.  P.O. Box 1150 M. Janua IX 7  4. Location of Well (Footage, Sec., T., R., M., or Survey De  560 FSL + 660 FWL  SEC 14 T205 8 36	AND REPORTS ON WELLS  II or to deepen or reentry to a different reservoir.  R PERMIT—" for such proposals  IN TRIPLICATE  9702 AHN: EN Noheety Rm 4111  secription)	7. If Unit or CA. Agreement Designation  8. Well Name and No. Euro CE 88-  Moviment & South Unit-B  9. API Well No.  30-025- 10. Field and Pool, or Exploratory Area  Euro CE Moviment / G 8/  11. County or Parish, State  LEA NM
12. CHECK APPROPRIATE BOX(	s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA	
Cheuron USA Inc. REQUE	Abandonment Recompletion Plugging Back Casing Repair Altering Casing Other  Il pertinent details, and give pertinent dates, including estimated date of start aid depths for all markers and zones pertinent to this work.)*  SH PERMISSION TO CONVERT  TYPE OF ACTION Recompletion Plugging Back Casing Repair Altering Casing Other  Il pertinent details, and give pertinent dates, including estimated date of start aid depths for all markers and zones pertinent to this work.)*  SH PERMISSION TO CONVERT  THE OF ACTION  Recompletion Plugging Back Casing Repair Altering Casing Other  Altering Casing Oth	Change of Plans  New Construction  Non-Routine Fracturing  Water Shut-Off  Conversion to Injection  Dispose Water  (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)  ing any proposed work. If well is directionally drilled.
14. I hereby certify that the foregoing is true and correct	Title T.A. Delg.	Date 3   5   9
(This space for Federal or State office use)  Approved by Conditions of approval, if any:	Title	Date 3-/3-9/